

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

10762429

FILING DATE

01-21-04

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10	1					
11		1				
12		1				
13		1				
14		1				
15		1				
16		1				
17		1				
18		1				
19	1					
20	1					
21		1				
22		1				
23		1				
24		1				
25		1				
26		4				
27		4				
28	1					
29		1				
30		1				
31		1				
32		1				
33		1				
34		1				
35		1				
36		1				
37	1					
38		1				
39		1				
40		1				
41		1				
42		1				
43		1				
44		1				
45	1					
46		2				
47		1				
48	1					
49		1				
50						
TOTAL IND.	9		9		9	
TOTAL DEP.	53		53		53	
TOTAL CLAIMS	62		62		62	

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
51		1				
52		1				
53		1				
54		1				
55		1				
56		1				
57	1					
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98						
99						
100						
TOTAL IND.	9		9		9	
TOTAL DEP.	53		53		53	
TOTAL CLAIMS	62		62		62	

44  
12  
56